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Bib Data Sheet

CONFIRMATION NO. 6112

<b>SERIAL NUMBER</b> 10716,100	<b>FILING OR 371(c) DATE</b> 11/18/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 04843/118003
<b>APPLICANTS</b> John L. Neumeyer, Wayland, MA; Ao Zhang, Malden, MA;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/427,109 11/18/2002 and claims benefit of 60/461,157 04/08/2003  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 03/11/2004				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> <del>22</del> 7
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 21559				
<b>TITLE</b> Mixed kappa/mu opioids and uses thereof				
<b>FILING FEE RECEIVED</b> 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	